



KANSAS CORPORATION COMMISSION 1089450
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34648
Name: A & L Energy Operations LLC
Address 1: 575 MADISON AVENUE 22ND FL
Address 2: _____
City: NEW YORK State: NY Zip: 10022 + _____
Contact Person: Andrew Pietra
Phone: (212) 586-6665
CONTRACTOR: License # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth: _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>7/2/2012</u>	<u>7/3/2012</u>	<u>8/6/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21778-00-00
Spot Description: _____
NE SE NW NE Sec. 6 Twp. 14 S. R. 21 East West
860 Feet from North / South Line of Section
1520 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Douglas
Lease Name: Thoren Well #: 85
Field Name: Little Wakarusa
Producing Formation: Bartlesville
Elevation: Ground: 913 Kelly Bushing: 0
Total Depth: 760 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 44 w/ 12 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gerber Date: 08/10/2012



1089450

Operator Name: A & L Energy Operations LLC Lease Name: Thoren Well #: 85
 Sec. 6 Twp. 14 S. R. 21 East West County: Douglas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	7	10	44	Portland	12	50/50 POZ
Completion	5.6250	2.8750	8	749	Portland	95	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

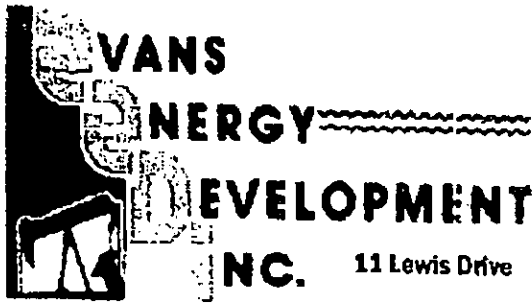
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	687.0-694.0	2" DML RTG	7

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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VANS
ENERGY
DEVELOPMENT
INC.

11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

A & L Energy Operations, LLC

Thoren #85

API #15-045-21,772

July 2 - July 3, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
17	soil & clay	17
51	shale	68
7	lime	75
6	shale	81
5	lime	86
21	shale	107
5	lime	112
10	shale	122
9	lime	131
42	shale	173
16	lime	189
44	shale	233
10	lime	243
13	shale	256
17	lime	273
14	shale	287
16	lime	303
20	shale	323
10	lime	333
4	shale	337
34	lime	371
6	shale	377
26	lime	403
3	shale	406
16	lime	422 base of the Kansas City
167	shale	589 573oil show
4	lime	593
6	shale	599
4	lime	603
4	shale	607
6	lime	613
16	shale	629
3	lime	632
55	shale	687
1	broken sand	688 brown & green sand, good bleeding
5	oil sand	693 brown, good bleeding
1	broken sand	694 brown & green sand, good bleeding
66	shale	780 TD

Thoren #85

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Drilled a 9 7/8" hole to 44.6'

Drilled a 5 5/8" hole to 760'

Set 44.6' of 7" casing threaded and coupled cemented with 12 sacks of cement.

Set 749.8' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 37359
LOCATION Offshore
FOREMAN Alan Made

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-12	3898	Thoren #85	NE 6	14	21	DL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Adh Energy			576	Al Mad Safety		Mad
MAILING ADDRESS			495	Her Ber	H3B	
575 Madison Ave 22nd Fl			370	Kei Car	KC	
CITY	STATE	ZIP CODE	548	Mik Hag	MH	
New York	NY	10022	CASING SIZE & WEIGHT <u>2 7/8</u>			
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>760</u>	OTHER <u>Double</u>			
CASING DEPTH <u>749</u>	DRILL PIPE	TUBING	CEMENT LEFT IN CASING <u>YES</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE <u>45 pm</u>			
DISPLACEMENT <u>4.4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>				

REMARKS: After running casing in, well was flowing. Customer built well head to enable annulus to be closed after cementing. Mixed 100# gel to flush hole followed by 95 sk 50/50 cement plus 270 gel circulated cement. Flushed pump. Pumped plug to casing & D closed annulus with 1/4 bbl left on plug. Well pressured to 400 PSI. Plug loaded with 800 PSI. Well head had thread leak after we set float. Closed valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30	WILEAGE		1030.00
5402	749	Casing footage		120.00
3407	1/2 min	ten miles		175.00
5522C	2	80 gal		180.00
1124	95	50/50 cement		1040.25
1118B	260 #	gel		54.60
4402	1	2 1/2 plug		28.00
SCANNED				
			SALES TAX	81.97
			ESTIMATED TOTAL	2709.82

Authorization Jim DK'd
No company rec

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.